

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040708

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED NOV 1 1962

318

Primary Registration District No.

1003

Registrar's No.

10077

VS 300  
Rev. 4/59

1

2 210

3

4 0

5 2

6

7 1

8 1

9

10

11 aao

12 58.3

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Deaconess Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4233a De Soto Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Gustav

Middle

H

Last

Schnake

4. DATE OF DEATH

Month

October

Day

19

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-13-1884

## 9. AGE (last birthday)

78

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR.

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)

Stove Molder (retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Charter Oak Stove Foundry

## 11. BIRTHPLACE (City and state or country)

Illinois

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Henry Schnake

## 13b. MOTHER'S MAIDEN NAME

Sophia Naert

## 14. NAME OF HUSBAND OR WIFE

deceased

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mr. Herbert R. Schnake, #91 Pebblebrook

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Creve Coeur, Missouri  
Acute Pulmonary Edema Secondary to

Myocardial infarction. Fracture of Humerus

Died on sidewalk on part of about 4235 De Soto 10/13/62.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident 903.544

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

10-13-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

side walk

## 20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

4:30 p.m.

to

and last saw him alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

10-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Oct. 23, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

Math Hermann &amp; Son, Inc.,

## ADDRESS

2161 E. Fair Ave

## 25. DATE REC'D. BY LOCAL REG.

OCT 22 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

St. Louis, Missouri

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter G. Burnley

Licensed Embalmer No. 4203

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.